

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL ROOM

(See reverse side for instructions)

2000 DEC 26 A 10:27

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Bob Etheridge for Congress Committee	2. DATE 12/18/00
(b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed) Post Office Box 28001	3. FEC Identification Number H6NC02080
(c) City, State and ZIP Code Raleigh NC 27611	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

5. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

- Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Andrea Bell	P.O. Box 28001 Raleigh NC 27611	CONSULTANT

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Charlie Carpenter	P.O. Box 1807 Dunn NC 28335	TREASURER
Andrea Bell	P.O. Box 28001 Raleigh NC 27611	ASST. TREASURER

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Centura Bank	P.O. Box 1807 Dunn, NC 28335
New Century Bank	P.O. Box 188 Dunn, NC 28335

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER C.W. Carpenter	SIGNATURE OF TREASURER 	DATE 12/18/00
--	----------------------------	-------------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-218-3420

FESAN121

FEC FORM 1

(revised 4/97)